

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	NAME	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	SW	32	12/18
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	NN	778	7/20/01
		64830	1-11

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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258  
 07/23  
 304  
 12/26  
 804/63/29